



全方位學習中心

ENROLLMENT FORM

Student information 學生資料:

姓名: _____ 性別: _____ 生日: _____
 Student Name: _____ Gender: _____ Date of Birth: _____

地址: _____ 城市: _____ 州: _____ 區號: _____ 家中電話: _____
 Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

學校: _____ 年級: _____ Student : _____
 School: _____ Grade: _____ Cell Phone: _____

Parent/Guardian Information 家長/監護人資料:

姓名: _____ 關係: _____ 工作電話: _____ 手機電話: _____
 Name: _____ Relationship: _____ Work Phone: _____ Cell Phone: _____

姓名: _____ 關係: _____ 工作電話: _____ 手機電話: _____
 Name: _____ Relationship: _____ Work Phone: _____ Cell Phone: _____

E-Mail address _____ Emergency Contact: _____

EMERGENCY AUTHORIZATION & INSURANCE WAIVER DECLARATION 緊急處理及免醫療保險聲明書

This is to declare that the above named student has our permission to participate in the Total Learning Education activities. He/She is in good physical condition and has adequate medical insurance coverage. In case of an accident, Total Learning Education has my (our) authority to provide necessary emergency medical attention.

In consideration of my (our) child's participation, I(We) hereby release any responsibility that Total Learning Education their officers, employees and agents from any and all liability that may occur as a result of his/her attendance in any programs at Total Learning Education.

Parent Signature: X _____ Date: _____

Course Description	Date	Time	Quantity	Fee	Disct	Adj Total 1	Adj Total 2	
			wk/d	\$	%	\$	\$	
			wk/d				\$	
			wk/d					
			wk/d					
Friday Math Course Options								
Material Fee: K-8th Enrichment Program / Summer Program							\$70.00	
Registration Fee (註冊費) : New Student Only							\$60.00	
Transportation: <input type="checkbox"/> Pay 19 weeks (\$364) <input type="checkbox"/> Pay Weekly (\$20/Wk)							Cash Only	
<input type="checkbox"/> Full Payment of \$ _____ (CK# _____ / Cash) Rcpt#: _____ Date: _____						1	2	
<input type="checkbox"/> A Deposit of \$ _____ (CK# _____ / Cash) Rcpt#: _____ Date: _____						Billed	Billed	

Total Learning payment and refund policy:

- ◆ I will pay a \$15 returned check fee for any returned checks from the bank. 我將支付\$15 作為銀行的退票費用。
- ◆ All payments are final. No refunds. 所有的收費均無退款。
- ◆ For all private Lessons, if the student is going to be absent, parents must call office 24 hours in advance to receive credit. 如果學生不能出席當天的課程, 請在 24 小時前致電我們。
- ◆ I agree to the terms above. 我了解以上所有條款 Signature(簽名): _____ Date(日期): _____